THI.

| AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Ryuta Sekine, et al. | | | | | | Docket No. 16894 | | |
|--|----------------------------|----------------------------------|--------|---|-----------|------------------------|-----------------------|--|
| Application No. 10/635,044 | Filing Date August 5, 2003 | Examiner Beverly Meindl Flanagan | | Customer No 23389 | 3. | Group Art Unit 3739 | Confirmation No. 6986 | |
| Inversion P ENDOSCOPIC TREATMENT SYSTEM | | | | | | | | |
| COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. | | | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | | |
| | CLAIMS REMAINING | HIGHEST # | NUMB | ER EXTRA | DATE | | ADDITIONAL | |
| | AFTER AMENDMENT | PREV. PAID FOR | CLAIMS | PRESENT | | RATE | FEE | |
| TOTAL CLAIMS | 36 - | 38 = | | 0 2 | X | \$50.00 | \$0.00 | |
| INDEP. CLAIMS | 6 - | 4 = | | 2 | X | \$200.00 | \$400.00 | |
| Multiple Dependent | t Claims (check if appl | licable) | | | | | \$0.00 | |
| | | TOTAL ADDITIONAL F | FEE FO | R THIS AME | NE | MENT | \$400.00 | |
| No additional fee is required for amendment. □ Please charge Deposit Account No. in the amount of ☒ A check in the amount of \$400.00 to cover the filling fee is enclosed. ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP □ Any additional filling fees required under 37 C.F.R. 1.16. □ Any patent application processing fees under 37 CFR 1.17. □ Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | |
| Thomas Spinelli Registration No.: 39,533 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 7/20/05 (Date) | | | | | | | | |
| cc: | | | | Signature of Person Mailing Correspondence Thomas Spinelli | | | | |
| | | | | Typed or Printed Name of Person Mailing Correspondence | | | | |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ryuta Sekine, et al.

Examiner:

Beverly Meindl Flanagan

Serial No:

10/635,044

Art Unit:

3739

Filed:

August 5, 2003

Docket:

16894

For:

ENDOSCOPIC TREATMENT

Dated:

July 20, 2005

SYSTEM

Conf. No.:

6986

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT **AND PRELIMINARY AMENDMENT**

Sir:

Pursuant to the restriction requirement imposed in the Official Action dated June 20, 2005, Applicants elect the claims of Group I, i.e., Claims 1, 2, and 4-38, for continued prosecution herein. Further, prior to examination, please amend the aboveidentified application as follows:

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 20, 2005.

Dated: July 20, 2005

07/22/2005 CCHAU1

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Thomas Spinelli